

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SALES	
PIPE	
U.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

El Paso Natural Gas Company	
Address	
Box 289, Farmington, New Mexico 87401	
Person(s) for filing (check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
San Juan 27-5 Unit	60A	Blanco Pictured Cliffs	State, Federal other SF	079393
Location				
Unit Letter J	1770	Feet From The South	Line and 1610	Feet From The East
Line of Section 4	Township 27-North	Range 5-West	NMPM,	Rio Arriba
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Box 289, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline	Box 90, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	4
		27-N
		5-W

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-3-79	5-21-80	6053'	6035'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gas/Gas Pay	Tubing Depth					
6585' GL	Pictured Cliffs	3430'	3490'					
Perforations	3430-3447, 3447-3464, 3475-3494' W/ 16 SPZ.					Depth Casing Shoe		
					6053'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	224'	224 cu. ft.
8 3/4"	7"	3778'	248 cu. ft.
6 1/4"	4 1/2" Liner	3625-6053'	424 cu. ft.
	1 1/4"	3490'	

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1324	3 hours		
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Calc. A.O.F.	1089	1080	3/4 variable

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Drilling Clerk
May 30, 1980

OIL CONSERVATION DIVISION

APPROVED	JUN 21 1980	19
BY	Original Signed by FRANK T. CHAVEZ	
TITLE	SUPERVISOR DISTRICT #3	

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiple completion wells.